

## MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046994

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6435

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas CityLength of stay in lb  
70 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Saint Lukes HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jacksonc. CITY  
OR  
TOWN Kansas CityInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
5049 Wornall RoadReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Morton T.

Jones

4. DATE  
OF  
DEATH

Month

Day

Year

December 17 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7-3-18929. AGE (last birthday)  
70 YrsIF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Insurance10b. KIND OF BUSINESS OR INDUSTRY  
Owner11. BIRTHPLACE (City and state or country)  
Kansas City, Missouri12. CITIZEN OF WHAT COUNTRY  
USA13a. FATHER'S NAME  
Richard Bacon  
R. Bryson Jones13b. MOTHER'S MAIDEN NAME  
Unknown Sallie Cloon14. NAME OF HUSBAND OR WIFE  
Pauline Jones15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
W. W #116. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT  
Address  
Pauline Jones 5049 Wornall Road K.C. Mo18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

lymphosarcoma

INTERVAL BETWEEN  
ONSET AND DEATH  
8 MoConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1937 to Dec 17, 1962  
Death occurred at 12 Noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Cremation23b. DATE  
12-19-6223c. NAME OF CEMETERY OR CREMATORY  
D. W. Newcomers Sons23d. LOCATION (City, town, or county)  
Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Stine &amp; McClure Kansas City, Missouri

12-18-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

13a, b Richard Bacon Jones, Sallie Cloon R. Bryson Jones &amp; Unknown 1/14/63

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

G. B. Berry

Dr  
1/8/1 - 3243  
4320 Reynolds  
~~507 5500m - Wood~~  
fill 5:10 from  
11:00 to 5:00 drive

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *L. S. Walton*

Licensed Embalmer No. 2744

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.